

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/11/02 2 Serial/Patent # 09/975,460

| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|-----------------------------------|----------------|--------------|----------|
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input checked="" type="checkbox"/> | Petition | 6 | 1/22/02 | \$ 130 |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |

| | | |
|----------------------|--------------------------|--------|
| | 7 TOTAL AMOUNT OF REFUND | \$ 130 |
| 8 TO BE REFUNDED BY: | | |

| | | | | | | | | | |
|--------------------------|-------------------|--|---|---|----|---|---|---|---|
| 10 REASON: | | Treasury Check | | | | | | | |
| <input type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | 9 <table border="1"><tr><td>2</td><td>3</td><td>--</td><td>1</td><td>9</td><td>2</td><td>5</td></tr></table> | 2 | 3 | -- | 1 | 9 | 2 | 5 |
| 2 | 3 | -- | 1 | 9 | 2 | 5 | | | |

| | |
|--|---------------------------|
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): |
| <i>The Notice of Nov. 21, 2001 is vacated.</i> | |

| | |
|---|--|
| 11 REFUND REQUESTED BY: <u>C. Donnell</u> | |
|---|--|

TYPED/PRINTED NAME: C. Donnell TITLE: Petitions Attorney

SIGNATURE: C. Y. Donnell PHONE: 306-5589

OFFICE: 470D *****

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APPROVED: Gloria Kelly DATE: 8/14/02

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch
Crystal Park One, Room 802B